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APPLICANTS

GREGORY R.J. THATCHER, ONTARIO, CANADA;

BRIAN M. BENNETT, ONTARIO, CANADA;

JAMES N. REYNOLDS, ONTARIO, CANADA; KHEM JHAMANDAS, ONTARIO, CANADA;

** CONTINUING DATA *****

none
none

** FOREIGN APPLICATIONS *****

none
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CANADA	15	58	9
Verified and Acknowledged	Examiner's Signature <i>CM</i> Initials				

ADDRESS

Clark & Elbing LLP
 101 Federal Street
 Boston, MA
 02110

TITLE

Methods and Compositions for Mitigating Pain

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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